



STATE OF ARIZONA

REQUEST FOR QUOTATION

FAX ON DEMAND

QUOTATION NUMBER DC060343DUE DATE February 13, 2006 AT 5:00 P.M. M.S.T.**MAILING ADDRESS:**

ARIZONA DEPARTMENT OF CORRECTIONS
1601 W. JEFFERSON, MAIL CODE 55302
ATTN: CENTRAL PURCHASING UNIT
PHOENIX, ARIZONA 85007

HAND DELIVERY - OVERNIGHT MAIL

ARIZONA DEPARTMENT OF CORRECTIONS
1645 W. JEFFERSON
4th FLOOR, SUITE 4401
PHOENIX, ARIZONA 85007

In accordance with A.R.S. § Title 41, Chapter 23 A.A.C.R2-7-336; quotations for the materials or services specified will be received by the Department of Corrections, at the above specified location, until the time and date cited.

Quotations must be in the actual possession of the Department of Corrections on or prior to the time and date, and at the location indicated above. Late quotations will not be considered.

All quotations must be completed in ink or typewritten, delivered to the above address. Quotations may also be returned via facsimile to 602-364-3780. Additional instructions for preparing a quotation are provided in Instruction for Quotations.

OFFERORS ARE STRONGLY ENCOURAGED TO CAREFULLY READ THE ENTIRE QUOTATION.

REQUESTING AGENCY: Arizona Department of Corrections WFD - Education

MATERIAL, SERVICE AND/OR CONSTRUCTION: Hotel and Conference Rooms

CONTRACT TYPE: Firm Fixed Price

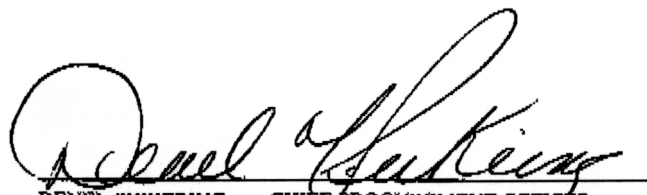
CONTRACT TERM: Single Requirement

An Equal Employment Opportunity Agency


BUYER : Geof Replogle

(602) 542-1172
PHONE

January 30, 2006
DATE


DENEL PICKERING, CHIEF PROCUREMENT OFFICER

OFFER AND ACCEPTANCE**ARIZONA DEPARTMENT
OF CORRECTIONS****QUOTATION NO.**

DC060343

OFFER

SUBMIT THE ORIGINAL OF THIS FORM TO THE DEPARTMENT OF CORRECTIONS, 1601 WEST JEFFERSON, MAIL CODE 55302, PHOENIX, ARIZONA 85007.

The Undersigned hereby offers and agrees to furnish the material, service or construction in compliance with all terms, conditions, specifications and amendments in the Solicitation and any written exceptions in the offer.

SALES TAX PERCENT: _____ %. (See Instructions for Quotations, Paragraph 4.)

Arizona Transaction (Sales) Privilege Tax

For clarification of this offer, contact:

License No.: _____

Name: _____

Federal Employer Identification

Phone: _____

No.: _____

Fax #: _____

Company Name

Signature of Person Authorized To Sign Offer

Address

Printed Name

City

State

Zip

Title

Small business certification: Vendor is _____ /is not _____ a small business (less than 100 employees _____ or has gross revenues of \$4 million or less _____.)

ACCEPTANCE OF OFFER

The Offer is hereby accepted.

The Contractor is now bound to sell the materials or services listed by the attached contract and based upon the solicitation, including all terms, conditions, specifications, amendments, etc. and the Contractor's Offer as accepted by the State.

Hotel and Conference Rooms for Arizona Department of Corrections WFD - Education

This contract shall henceforth be referred to as Contract No. DC060343. The Contractor has been cautioned not to commence any billable work or to provide any material or service under this contract until Contractor has received purchase order or contract release document.

State of Arizona, Department of Corrections
Awarded this _____ Day of _____ 2006

Denel Pickering, Chief Procurement Officer

STATE OF ARIZONA

Instructions For Quotations

1. **SUBMISSION:** Quotations shall be signed where applicable and received as designated on the cover page no later than as indicated.
2. **OPENING:** This is an informal Quotation which will not be read at a public opening; however, the information may be publicly reviewed after an award.
3. **STANDARD PROVISIONS:** The State of Arizona's Uniform General Terms and Conditions where applicable, are a part of this document as if fully set forth herein. Copies of these documents are available from the Department of Corrections, Purchasing Office.
4. **TAXES:** The State of Arizona is exempt from Federal Excise Tax, including Federal Transportation Tax, Sales Tax, if any, should be indicated as a separate item.
5. **QUOTE REJECTION:** The State reserves the right to reject any, or all, Quotations, combinations of items, or lot, and to waive defects or informalities.
6. **BRAND NAMES:** Any manufacturer's names, trade names, brand names or catalog numbers used in the specifications are for the purpose of describing and establishing the general quality level, design and performance desired. Such references are not intended to limit or restrict bidding by other vendors but are intended to approximate the quality design or performance which is desired. Any Quotation which proposes like a quality, design or performance will be considered. If the description of your offer differs in any way, you must give a complete detailed description of your Quotation including pictures and literature where applicable. Unless a specific exception is made, the assumption will be that you are bidding exactly as specified on the Request for Quotation.
7. **ERASURES:** Erasures, interlineations or other modifications must be initialed by the individual signing the Request for Quotation.
8. **UNIT PRICE:** In case of error in the extension prices in the Quotation, the unit price will govern. No Quotation shall be altered, amended or withdrawn after the specific date and time for receiving Quotations. Negligence by the Vendor in preparing the Quotation confers no right for the withdrawal of the Quotation after it has been opened.
9. **PAYMENT DISCOUNT:** Payment discount periods will be computed from the date of receipt of materials or services or correct invoice, whichever is later, to the date State's warrant is mailed. Unless freight and other charges are itemized, any discount provided will be taken on full amount of invoice. Payment discounts of thirty (30) calendar days or more will be deducted from the Quotation price in determining the low quote. However, the State shall be entitled to take advantage of any payment discount offered by the Vendor provided payment is made within the discount period.
10. **SOURCE SELECTION:** This procurement is restricted to small business. A small business is one that, including its affiliates is independently owned and operated, is not dominant in the type of business it conducts, and which employs fewer than 100 full time employees or which has gross receipts of less than \$4 million in its last fiscal year.
11. **SOURCE SELECTION CLARIFICATION:** Source Selection will apply only if Small Business Requirements under A.R.S. §41-2535, R2-7-335 are applicable for dollar amounts between \$1,000.00 and \$50,000.00

SPECIAL TERMS AND CONDITIONS

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SOLICITATION NO. DC060343**PAGE NO. 1****1 SPECIAL TERMS AND CONDITIONS****1.1 Purpose**

1.1.1 Pursuant to provisions of the Arizona Procurement Code, A.R.S. § 41-2501, ext. seq., the State of Arizona intends to establish a contract for Hotel and Conference Rooms for Arizona Department of Corrections WFD - Education.

1.2 Questions, Clarifications or Interpretations

1.2.1 Any doubt as to the requirements of the Fax on Demand or any apparent omissions or discrepancies shall be presented to the Department of Corrections Purchasing Office in writing. The Department will then determine the appropriate action necessary, if any, and issue a written amendment to the Fax on Demand.

1.2.1.1 Any questions relating to the solicitation should be mailed or faxed to the following:

Address: Mailing Address: 1601 W. Jefferson, Mail
Code 55302, Phoenix, AZ 85007
Phone: 602-542-1172
Fax: 602-364-3780

1.3 Price Reduction

1.3.1 A price reduction adjustment may be offered at any time during the term of a contract and shall become effective upon notice.

1.4 Cancellation

1.4.1 The Department of Corrections reserves the right to cancel the whole or any part of this contract due to failure by the contractor to carry out any obligation, term or condition of this contract. The Department of Corrections will issue written notice to the contractor for acting or failing to act as in any of the following:

- ° The contractor provides material that does not meet the specifications of this contract;
- ° The contractor fails to adequately perform the services set forth in the specifications of this contract;
- ° The contractor fails to complete the work required or to furnish the materials required within the time stipulated in the contract;
- ° The contractor fails to progress in the performance of this contract and/or gives the Department of Corrections reason to believe that

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SOLICITATION NO. DC060343**PAGE NO.** 2

the contractor will not or cannot perform to the requirements of the contract.

Upon receipt of the written notice of concern, the contractor shall have ten (10) days to provide a satisfactory response to the Department of Corrections. Failure on the part of the contractor to adequately address all issues of concern may result in the Department of Corrections resorting to any single or combination of the following remedies:

- ° Cancel any contract;
- ° Reserve all rights or claims of damage for breach or any covenants of the contract;
- ° Perform any test or analysis on materials for Compliance with the specifications of this contract. If the results of any test or analysis find a material non-compliant with the specifications, the actual expense of testing shall be borne by the contractor;

In case of default, the Department of Corrections reserves the right to purchase materials or to complete the required work in accordance with the Arizona Procurement Code. The Department of Corrections may recover any actual excess costs from the contractor or by:

- ° Deduction from unpaid balance;
- ° Collection against the bid and/or performance bond, or;
- ° Any combination of the above or any other remedies as provided by law.

1.5 CRIPA

1.5.1 The Arizona Department of Corrections (ADC) entered into an agreement with the Department of Justice regarding the matter of United States of America vs. Department of Corrections, et al. (Civil Action No. 97-476-PHX-ROS). The agreement affects all correctional and non correctional staff with female inmate contact, including contract providers.

1.5.1.1 The areas that impact the contract are: 1) backgrounds on existing staff; 2) stringent pre-employment screening practices for future staff; 3) pre-service and in-service training; 4) mandatory staff participation in sexual misconduct investigations; and 5) minimization of one on

SPECIAL TERMS AND CONDITIONS

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one situations where a female inmate and male staff are alone together.

THE AGREEMENT REQUIRES:

- 1.5.1.2 Background checks on all current non-correctional staff with female inmate contact. Any staff that has been convicted of or pled guilty to any felony charge from contact with a female inmate will be removed from their position.
- 1.5.1.3 All future staff with significant female inmate contact will require extensive pre-employment screening.
- 1.5.1.4 All ADC contractors will now be required to provide for each new applicant: 1) a complete background questionnaire to include drivers license number and record, past employment, past education, references, criminal arrest and criminal record; 2) be fingerprinted and screened by the Federal Bureau of Investigations; 3) NCIC/ACIC records check including law enforcement agency check or agencies where applicant has lived; 4) military discharge status; 5) investigation of whether applicant has ever worked in ADC prisons, and if so, whether they were the subject of investigations and allegations of inappropriate staff-inmate behavior; and, 6) tests to access personality to be scored by a professional psychologist.
- 1.5.1.5 ADC will perform the background checks at no charge to the contractor, however, the contractor is responsible for the psychological testing, analysis, and personal interviews that may be required as a result of an appeal and submission of the scoring/report for review by the Department, prior to finalization of the hiring process.
- 1.5.1.6 All current and future contract staff will be required to view a video describing inappropriate staff-inmate behavior. There will be a requirement that all staff will acknowledge in writing viewing of the video. ADC will provide the video to contract providers.
- 1.5.1.7 Pre-employment training will include at least eight (8) hours of specific topics relating to inappropriate staff-inmate behavior. ADC's video will be included in the curriculum. (Subject to clarification at a later date by the parties to the agreement, the training may be made part of the New

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Employee training to be provided within the first sixty (60) days of employment.)

1.5.1.8 ADC will provide the selected contractor with a copy of the lesson plan for their use. The plan will include the topics and procedural changes affecting staff working with female inmates. In-service training covering inappropriate staff-inmate behavior and viewing of video. The number of hours for in-service will be determined at a later date.

1.5.1.9 ADC will also provide a copy of the lesson plan for use by the contractor.

1.6 Multiple Awards

1.6.1 In order to assure that any ensuing contracts will allow the agency to fulfill current and future requirements, the agency reserves the right to award contracts to multiple companies. The actual utilization of any contract will be at the sole discretion of the agency. The fact that the agency may make multiple awards should be taken into consideration by each potential contractor.

1.7 Insurance

1.7.1 Contractor and subcontractors shall procure and maintain until all of their obligations have been discharged, including any warranty periods under this Contract, are satisfied, insurance against claims for injury to persons or damage to property which may arise from or in connection with the performance of the work hereunder by the Contractor, his agents, representatives, employees or subcontractors.

1.7.2 The insurance requirements herein are minimum requirements for this Contract and in no way limit the indemnity covenants contained in this Contract. The State of Arizona in no way warrants that the minimum limits contained herein are sufficient to protect the Contractor from liabilities that might arise out of the performance of the work under this contract by the Contractor, its agents, representatives, employees or subcontractors, and Contractor is free to purchase additional insurance.

1.7.3 **MINIMUM SCOPE AND LIMITS OF INSURANCE:** Contractor shall provide coverage with limits of liability not less than those stated below.

1.7.4 Commercial General Liability - Occurrence Form. Policy shall include bodily injury, property damage, personal injury and broad form contractual liability coverage.

1.7.4.1 General Aggregate

\$2,000,000

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- | | | |
|---------|---|-------------|
| 1.7.4.2 | Products - Completed Operations Aggregate | \$1,000,000 |
| 1.7.4.3 | Personal and Advertising Injury | \$1,000,000 |
| 1.7.4.4 | Blanket Contractual Liability -
Written and Oral | \$1,000,000 |
| 1.7.4.5 | Fire Legal Liability | \$ 50,000 |
| 1.7.4.6 | Each Occurrence | \$1,000,000 |
- 1.7.4.7 The policy shall be endorsed to include the following additional insured language: "The State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees shall be named as additional insureds with respect to liability arising out of the activities performed by or on behalf of the Contractor".
- 1.7.4.8 Policy shall contain a waiver of subrogation against the State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees for losses arising from work performed by or on behalf of the Contractor.
- 1.7.5 Automobile Liability - Bodily Injury and Property Damage for any owned, hired, and/or non-owned vehicles used in the performance of this Contract.
- | | | |
|---------|-----------------------------|-------------|
| 1.7.5.1 | Combined Single Limit (CSL) | \$1,000,000 |
|---------|-----------------------------|-------------|
- 1.7.5.2 The policy shall be endorsed to include the following additional insured language: "The State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees shall be named as additional insureds with respect to liability arising out of the activities performed by or on behalf of the Contractor, involving automobiles owned, leased, hired or borrowed by the Contractor".
- 1.7.6 Worker's Compensation and Employers' Liability
- | | | |
|---------|-------------------------|-------------|
| 1.7.6.1 | Workers' Compensation | Statutory |
| 1.7.6.2 | Employers' Liability: | |
| 1.7.6.3 | Each Accident | \$ 500,000 |
| 1.7.6.4 | Disease - Each Employee | \$ 500,000 |
| 1.7.6.5 | Disease - Policy Limit | \$1,000,000 |
- 1.7.6.6 Policy shall contain a waiver of subrogation against the State of Arizona, its departments, agencies, boards, commissions,

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universities and its officers, officials, agents, and employees for losses arising from work performed by or on behalf of the Contractor.

- 1.7.6.7 This requirement shall not apply to: Separately, each contractor or subcontractor exempt under A.R.S. 23-901, and when such contractor or subcontractor executes the appropriate waiver (Sole Proprietor/Independent Contractor) form.

1.7.7 Professional Liability (Errors and Omissions Liability)

- | | | |
|---------|------------------|-------------|
| 1.7.7.1 | Each Claim | \$1,000,000 |
| 1.7.7.2 | Annual Aggregate | \$2,000,000 |

- 1.7.7.3 In the event that the professional liability insurance required by this Contract is written on a claims-made basis, Contractor warrants that any retroactive date under the policy shall precede the effective date of this Contract; and that either continuous coverage will be maintained or an extended discovery period will be exercised for a period of two (2) years beginning at the time work under this Contract is completed.

- 1.7.7.4 Policy shall contain a waiver of subrogation against the State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees for losses arising from work performed by or on behalf of the Contractor.

- 1.7.7.5 The policy shall cover professional misconduct or lack of ordinary skill for those positions defined in the Scope of Work of this contract.

1.7.8 ADDITIONAL INSURANCE REQUIREMENTS: The policies shall include, or be endorsed to include, the following provisions:

- 1.7.8.1 The State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees wherever additional insured status is required such additional insured shall be covered to the full limits of liability purchased by the Contractor, even if those limits of

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SOLICITATION NO. DC060343**PAGE NO.** 7

liability are in excess of those required by this Contract.

1.7.8.2 The Contractor's insurance coverage shall be primary insurance with respect to all other available sources.

1.7.8.3 Coverage provided by the Contractor shall not be limited to the liability assumed under the indemnification provisions of this Contract.

1.7.9 **NOTICE OF CANCELLATION:** Each insurance policy required by the insurance provisions of this Contract shall provide the required coverage and shall not be suspended, voided, canceled, or reduced in coverage or in limits except after thirty (30) days prior written notice has been given to the State of Arizona. Such notice shall be sent directly to (State of Arizona Department of Corrections, 1601 West Jefferson Street, M/C 55302, Phoenix, AZ 85007-3002 and shall be sent by certified mail, return receipt requested.

1.7.10 **ACCEPTABILITY OF INSURERS:** Insurance is to be placed with duly licensed or approved non-admitted insurers in the state of Arizona with an "A.M. Best" rating of not less than A- VII. The State of Arizona in no way warrants that the above-required minimum insurer rating is sufficient to protect the Contractor from potential insurer insolvency.

1.7.11 **VERIFICATION OF COVERAGE:** Contractor shall furnish the State of Arizona with certificates of insurance (ACORD form or equivalent approved by the State of Arizona) as required by this Contract. The certificates for each insurance policy are to be signed by a person authorized by that insurer to bind coverage on its behalf.

1.7.12 All certificates and endorsements are to be received and approved by the State of Arizona before work commences. Each insurance policy required by this Contract must be in effect at or prior to commencement of work under this Contract and remain in effect for the duration of the project. Failure to maintain the insurance policies as required by this Contract, or to provide evidence of renewal, is a material breach of contract.

1.7.13 All certificates required by this Contract shall be sent directly to State of Arizona Department of Corrections, 1601 West Jefferson Street, M/C 55302, Phoenix, AZ 85007-3002. The State of Arizona project/contract number and project description shall be noted on the certificate of insurance. The State of Arizona reserves the right to require complete,

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SOLICITATION NO. DC060343**PAGE NO. 8**

certified copies of all insurance policies required by this Contract at any time. Do not send certificates of insurance to the state of Arizona's Risk Management section.

1.7.14SUBCONTRACTORS: Contractors' certificate(s) shall include all subcontractors as insureds under its policies or Contractor shall furnish to the State of Arizona separate certificates and endorsements for each subcontractor. All coverages for subcontractors shall be subject to the minimum requirements identified above.

1.7.15APPROVAL: Any modification or variation from the insurance requirements in this Contract shall be made by the Department of Administration, Risk Management Section, whose decision shall be final. Such action will not require a formal Contract amendment, but may be made by administrative action.

1.7.16EXCEPTIONS: In the event the Contractor or sub-contractor(s) is/are a public entity, then the Insurance Requirements shall not apply. Such public entity shall provide a Certificate of Self-Insurance. If the contractor or sub-contractor(s) is/are a State of Arizona agency, board, commission, or university, none of the above shall apply.

1.8 Contraband

1.8.1 Contraband means any dangerous drug, narcotic drug, intoxicating liquor of any kind, deadly weapon, dangerous instrument, explosive or any other article whose use of or possession would endanger the safety, security or preservation of order in a correctional facility or any person therein. (Any other article includes any substance which could cause abnormal behavior, i.e., marijuana, nonprescription medication, etc.)

Promoting prison contraband A.R.S. § 13-2505:

A person, not otherwise authorized by law, commits promoting prison contraband;

- ° By knowingly taking contraband into a correctional facility or the grounds of such a facility; or
- ° By knowingly conveying contraband to any persons confined in a correctional facility; or
- ° By knowingly making, obtaining, or possessing contraband while being confined in a correctional facility.

Promoting Prison Contraband is a Class 5 felony.

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SOLICITATION NO. DC060343**PAGE NO. 9****1.9 Rejection of Bids**

1.9.1 The Arizona Department of Corrections, at its discretion may reject any and/or all bids.

1.10 Evaluation

1.10.1 This contract shall be awarded to the lowest, responsive, responsible vendor meeting the minimum specifications and requirements set forth in this Request for Quotation, including criteria to determine acceptability such as inspection, testing, quality, workmanship, delivery and suitability for the specified purpose.

1.11 Billing

1.11.1 All billing notices to the Institution shall identify the specific item(s) being billed. Items are to be identified by the Name, Model Number, and/or Serial Number most applicable. Any purchase order issued by the Institution(s) shall refer to the contract number.

1.12 Eligible Agencies

1.12.1 Any contract resulting from this solicitation shall be for the exclusive use of the Arizona Department of Corrections.

1.13 Taxes

1.13.1 Prices offered shall not include applicable State and Local taxes. The Department will pay all applicable taxes. Taxes must be listed as a separate item on all invoices.

1.14 Federal Immigration and Nationality Act

1.14.1 By submission of the offer, the offeror warrants that both it and all proposed subcontractors are and shall remain in compliance with all federal, state and local immigration laws and regulations relating to the immigration status of their employees. The State may, at its sole discretion require evidence of compliance during the evaluation process. Should the State request evidence of compliance, the offeror shall have five (5) days from receipt of the request to supply adequate information. Failure to comply with this instruction or failure to supply requested information within the timeframe specified, shall result in the offer not being considered for contract award.

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SOLICITATION NO. DC060343**PAGE NO.** 10

- 1.14.2 The contractor shall comply with all federal, state and local immigration laws and regulations relating to the immigration status of their employees during the term of the contract. Further, the contractor shall flow down this requirement to all subcontractors utilized during the term of the contract. The State shall retain the right to perform random audits of contractor and subcontractor records or to inspect papers of any employee thereof to ensure compliance. Should the State determine that the contractor and/or any subcontractors be found noncompliant, the State may pursue all remedies allowed by law, including, but not limited to; suspension of work, termination of the contract for default and suspension and/or debarment of the contractor.

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SOLICITATION NO. DC060343**PAGE NO. 11****1.15 Millennium Compliance****1.15.1 Hardware, Software, or Firmware Contracts:**

1.15.1.1 Notwithstanding any other warranty or disclaimer of warranty in this contract, the contractor warrants that each hardware, software, and firmware product delivered under this contract shall be able to accurately process date/time data (including but not limited to calculating, comparing, and sequencing) from, into, and between the twentieth and twenty-first centuries, and the years 1999 and 2000 and leap year calculations, to the extent that other information technology utilized by the State in combination with the information technology being acquired under this contract properly exchanges date/time data with it. If this contract requires that the information technology products being acquired perform as a system, or that the information technology products being acquired perform as a system in combination with other State information technology, then this warranty shall apply to the acquired products as a system. This warranty shall survive the expiration or termination of this contract. The remedies available to the State for breach of this warranty shall include, but shall not be limited to, repair and replacement of the information technology products delivered under this contract. In addition, the defense of force majeure shall not apply to the failure of the contractor to perform any specification requirements as a result of any date-related data Year 2000 issues.

1.15.1.2 Contracts not involving Hardware, Software or Firmware:

1.15.1.3 Notwithstanding any other warranty or disclaimer of warranty in this contract, the contractor warrants that all products delivered and all services rendered under this contract shall comply in all respects to performance and delivery requirements of the specifications and shall not adversely affected by any date-related data Year 2000 issues. This warranty shall survive the expiration or termination of this contract. In addition, the defense of force majeure shall not apply of the contractor's failure to perform specification requirements as a result of any date-related data Year 2000 issues.

SPECIFICATIONS

ARIZONA

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SOLICITATION NO. DC060343**PAGE NO.** 12**2 TASK**

- 2.1 Vendor is requested to provide pricing to furnish, **Hotel and Conference Rooms** for the following Department of Corrections locations:

Arizona Department of Corrections
WFD - Education
1601 West Jefferson
Phoenix, AZ 85007

3 GENERAL SPECIFICATIONS/REQUIREMENTS

- 3.1 This Solicitation No. DC060343 will be the only formal contract that will be issued. The Arizona Department of Corrections will not enter into or sign any other form of contract or agreement(s) from the vendor of award.

- 3.2 Hotel Accommodations as Follows:

3.2.1 Single Rooms

- 3.2.1.1 Smoking
3.2.1.2 Non-Smoking

- 3.3 Required Locations and Dates:

- 3.3.1 Tempe, Arizona Metropolitan Area February 15, 2006 - February 17, 2006

- 3.4 Conference Room Accommodations as Follows:

3.4.1 Large Conference Room

- 3.4.1.1 Accommodate maximum of 70 people
3.4.1.2 Table and chairs
3.4.1.2.1 Arranged in columns with rows to the left
and right of centrally arranged podium
3.4.1.3 Audio/Visual table in front
3.4.1.4 Central Screen in front
3.4.1.5 Podium in front

3.4.1.6 Required Dates and Times

- 3.4.1.6.1 February 15, 2006
3.4.1.6.2 9:00 A.M. - 4:00 P.M.
3.4.1.6.3 February 16, 2006
3.4.1.6.4 9:00 A.M. - 1:00 P.M.

SPECIFICATIONS

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SOLICITATION NO. DC060343**PAGE NO. 13****3.4.2 Small Conference Room****3.4.2.1 Accommodate maximum of 25 people****3.4.2.2 Tables and chairs****3.4.2.2.1 Arranged in a U shape****3.4.2.3 Audio/Visual table in front****3.4.2.4 Central Screen in front****3.4.2.5 Podium in front****3.4.2.6 Required Dates and times:****3.4.2.6.1 February 16, 2006****3.4.2.6.2 1:00 P.M.- 4:00 P.M.****3.4.2.6.3 February 17, 2006****3.4.2.6.4 9:00 A.M. - 4:00 P.M.****3.4.3 Audio/Visual Equipment****3.4.3.1 Public Address System, Wireless (if available)****3.4.3.2 Projection Screen****3.4.3.2.1 Approximately 10' X 12'****3.4.3.3 Table****3.4.3.3.1 Approximately 2' X 4'**

PRICE SHEET**SOLICITATION NO. DC060343****ARIZONA
DEPARTMENT OF CORRECTIONS
PAGE NO. 14****4 PRICING****UNIT PRICE****4.1 February 15, 2006**

Single Rooms, Non-Smoking
The Department will require
approximately 22 - 27 Rooms

\$ _____ Rm

Single Rooms, Smoking
The Department will require
approximately 3 - 5 Rooms

\$ _____ Rm

4.2 February 16, 2006

Single Rooms, Non-Smoking
The Department will require
approximately 25 - 30 Rooms

\$ _____ Rm

Single Rooms, Smoking
The Department will require
approximately 3 - 5 Rooms

\$ _____ Rm

4.3 February 17, 2006

Single Rooms, Non-Smoking
The Department will require
approximately 10 - 15 Rooms

\$ _____ Rm

Single Rooms, Smoking
The Department will require
approximately 3 - 5 Rooms

\$ _____ Rm

4.4 Large Conference Room

4.4.1 Accommodate Maximum
of 70 people with tables and chairs
The Department will require One (1) Room

4.4.1.1 February 15, 2006,
9:00 A.M.- 4:00P.M.

\$ _____ Day

4.4.1.2 February 16, 2006,
9:00 A.M. - 1:00 P.M.

\$ _____ Day

PRICE SHEET**SOLICITATION NO. DC060343****ARIZONA
DEPARTMENT OF CORRECTIONS
PAGE NO. 15****4.4.2 Audio - Visual Equipment**

4.4.2.1 Public Address System,
Wireless (if available) \$_____ Day

4.4.2.2 Projection Screen \$_____ Day

4.4.2.3 Table \$_____ Day

4.5 Small Conference Room

4.5.1 Accommodate Maximum of 25 people
with tables and chairs. The Department
will require one (1) room

4.5.1.1 February 16, 2006,
1:00 P.M. - 4:00 P.M. \$_____ Day

4.5.1.2 February 17, 2006,
9:00 A.M. - 4:00 P.M. \$_____ Day

4.5.2 Audio - Visual Equipment

4.5.2.1 Public Address System,
Wireless (if available) \$_____ Day

4.5.2.2 Projection Screen \$_____ Day

4.5.2.3 Table \$_____ Day

SUB-TOTAL \$_____

TAXES \$_____

TOTAL \$_____

PRICE SHEET**SOLICITATION NO. DC060343****ARIZONA
DEPARTMENT OF CORRECTIONS
PAGE NO. 16****NOTICE:**

The vendor acknowledges that all products delivered and all services rendered under any contract resulting from this solicitation shall comply in all respects to performance and delivery requirements of the specifications and shall not be adversely affected by any date-related Year 2000 issues. The vendor further acknowledges that the defense of force majeure shall not apply to its failure to perform specification requirements as a result of any date-related data Year 2000 issues.

SALES TAX PERCENT: _____%, (See Uniform Instructions to Offerors for Formal Solicitation, Paragraph 3.10.)

PROMPT PAYMENT DISCOUNT: The price(s) quoted herein can be discounted by: _____%, if payment is made within _____ days.

PLEASE CHECK THE APPROPRIATE SELECTION BELOW THAT APPLIES TO YOUR COMPANY:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> 0. Non-Small/Non-Minority/Non-Disabled | <input type="checkbox"/> 1. Small Business | <input type="checkbox"/> 2. Minority Owned Business | <input type="checkbox"/> 3. Women Owned Business |
| <input type="checkbox"/> 4. Owned By Disabled Individual | <input type="checkbox"/> 5. Small Business/Minority Owned | <input type="checkbox"/> 6. Small Business/Women Owned | <input type="checkbox"/> 7. Small Business/Disabled Owner |
| <input type="checkbox"/> 8. Minority-Women Owned Business | <input type="checkbox"/> 9. Disabled-Minority Owner Business | <input type="checkbox"/> 10. Disabled-Women Owned Business | <input type="checkbox"/> 11. Small Business/Minority-Women Owned |
| <input type="checkbox"/> 12. Small Business/Disabled-Minority Owned | <input type="checkbox"/> 13. Small Business/Disabled-Minority-Women Owned | | |



CERTIFICATE OF INSURANCE

SOLICITATION NO. DC060343

**ARIZONA STATE
DEPARTMENT OF CORRECTIONS
1601 W. Jefferson
MC #55302
PHOENIX, ARIZONA 85004**

VENDOR

**COMPANY
LETTER**

**COMPANIES AFFORDING
COVERAGE**

**Current
A.M. Best
Rating**

NAME AND ADDRESS OF INSURANCE AGENCY:

A

B

NAME AND ADDRESS OF INSURED:

C

D

This is to Certify that the Policies of Insurance listed below have been issued to the Insured Named above for the Policy period indicated.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YR)	POLICY EXPIRATION DATE (MM/DD/YR)	LIMITS (,000)
	GENERAL LIABILITY <input checked="" type="checkbox"/> Commercial General Liability <input checked="" type="checkbox"/> Occurrence- Claims Made <input checked="" type="checkbox"/> Owner's & Contractors Prot. <input checked="" type="checkbox"/> Per Project Product/Completed Operations				Commercial Aggregate Products-Comp/OP AGG. \$ _____ Personal & ADV, Injury \$ _____ Each Occurrence \$ _____ Fire Damage (Any One Fire) \$ _____ Med. Expenses (Any One Person) \$ _____
	AUTOMOBILE LIABILITY Any Auto All Owned Autos All Owned Autos (Other than Priv. Pass) Scheduled Autos Hired Autos Non-Owned Autos Garage Liability				Bodily Injury (Per Person) \$ _____ Bodily Injury (Per Accident) \$ _____ Property Damage \$ _____
	PROFESSIONAL LIABILITY <input type="checkbox"/> Type <input type="checkbox"/> Claims Made <input type="checkbox"/> Occurrence				Each Occurrence \$ _____ Aggregate \$ _____
	EXCESS LIABILITY Umbrella Form Other than Umbrella Form				Each Occurrence \$ _____ Aggregate \$ _____
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY				Statutory Limits Each Accident \$ _____ Disease-Policy Limit \$ _____ Disease-Each Employee \$ _____
	Builders Risk				
	Other				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS:

STATE OF ARIZONA AND THE DEPARTMENT NAMED ABOVE ARE ADDED AS ADDITIONAL INSURERS AS REQUIRED BY STATUTE, CONTRACT, PURCHASE ORDER OR OTHERWISE REQUESTED. IT IS AGREED THAT ANY INSURANCE AVAILABLE TO THE NAMED INSURED SHALL BE PRIMARY OF OTHER SOURCES THAT MAY BE AVAILABLE.

IT IS FURTHER AGREED THAT NO POLICY SHALL EXPIRE, BE CANCELED OR MATERIALLY CHANGED TO AFFECT THE COVERAGE AVAILABLE TO THE STATE WITHOUT THIRTY (30) DAYS WRITTEN NOTICE TO THE STATE. THIS CERTIFICATE IS NOT VALID UNLESS COUNTERSIGNED BY AN AUTHORIZED REPRESENTATIVE OF THE INSURANCE COMPANY.

CERTIFICATE HOLDER/ADDITIONAL INSURED
 Arizona Department of Corrections
 1601 W. Jefferson, M/C 55302
 Phoenix, AZ 85007

AUTHORIZED REPRESENTATIVE OF THE INSURANCE COMPANY

SIGNATURE _____

DATE _____

DO NOT SEND TO IRS

Vendor MUST Print
or Type information

STATE OF ARIZONA

SUBSTITUTE W-9 & VENDOR AUTHORIZATION FORM

DO NOT SEND TO IRS

Vendor MUST Print
or Type information

Taxpayer Identification Number (TIN)

TIN
Type

Employer Identification Number (EIN)

State of Arizona HRIS EIN

State of Arizona Employees ONLY

Social Security Number (SSN)

Legal Name

Must match TIN above

Entity Type Select one of the following

- ☐ Corporation (NOT providing health care, medical or legal services) (SA)
- ☐ Corporation (providing health care, medical or legal services) (SM)
- ☐ Partnership, LLP (ST)
- ☐ PLLC, LLC (SC)
- ☐ Individual/Sole Proprietor (GI)
- ☐ The US or any of its political subdivisions or instrumentalities (2G)
- ☐ A state, a possession of the US, or any of their political subdivisions or instrumentalities (4G)
- ☐ Tax-exempt organization under IRC §501 (50)
- ☐ An international organization or any of its agencies or instrumentalities (5U)
- ☐ State of Arizona employee (1E)
- ☐ Other, Tax reportable entity (5P)

Minority Business Indicator Select one of the following

- ☐ Small Business (01)
- ☐ Small Business- African American (23)
- ☐ Small Business- Asian (24)
- ☐ Small Business- Hispanic (25)
- ☐ Small Business- Native American (27)
- ☐ Small Business- Other Minority (05)
- ☐ Small, Woman Owned Business (06)
- ☐ Small, Woman Owned Business- African American (29)
- ☐ Small, Woman Owned Business- Asian (30)
- ☐ Small, Woman Owned Business- Hispanic (31)
- ☐ Small, Woman Owned Business- Native American (33)
- ☐ Small, Woman Owned Business- Other Minority (11)
- ☐ Woman Owned Business (03)
- ☐ Woman Owned Business- African American (17)
- ☐ Woman Owned Business- Asian (18)
- ☐ Woman Owned Business- Hispanic (19)
- ☐ Woman Owned Business- Native American (21)
- ☐ Woman Owned Business- Other Minority (08)
- ☐ Minority Owned Business- African American (04)
- ☐ Minority Owned Business- Asian (32)
- ☐ Minority Owned Business- Hispanic (74)
- ☐ Minority Owned Business- Native American (15)
- ☐ Minority Owned Business- Other Minority (02)
- ☐ Non-Profit, IRC §501(c) (88)
- ☐ Non-Small, Non-Minority or Non-Woman Owned Business (00)

Main Address

Where tax information and general correspondence is to be mailed

DBA/Branch/Location

Address

Address continued

City

State

Zip code

Remit to Address

☐ Same as Main

DBA/Branch/Location

Address

Address continued

City

State

Zip code

Contact Information

Name

Phone #

EXT

Fax

email

Certification

Under Penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me) AND

2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding AND

3. I am a U.S. person (including U.S. resident alien).

Certification Instructions: You must cross out Item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, Item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Signature

Title

Date

STATE OF ARIZONA AGENCY USE ONLY

VENDOR: DO NOT WRITE BELOW THIS LINE

AGY

Agency Authorization

Phone #

Date

STATE OF ARIZONA GAO USE ONLY

VENDOR & STATE AGENCY: DO NOT WRITE BELOW THIS LINE

☐ IRS TIN Matching☐ Corporation Commission☐ HRIS☐ Other☐ Other

Vendor Number

MC

Processed by

Date Processed

GAO-W-9 Revised 4/18/05